

Welcome

to WIC

Добро пожаловать!

Բարի եր եկե՛լ

ຍິນດີຕ້ອນຮັບ

ਜੀ ਆਇਆਂ ਨੂੰ

歡迎

ស្វាគមន៍

اهلاً وسهلاً

Bine ați venit!

Bienvenido

Zoo Siab Tos Txais

CHÀO MỪNG

خوش آمدید

Maligayang Pagsapi



**What you
need to know**



Know Your Rights and Responsibilities



Your Rights

Fair treatment

- WIC treats everybody the same regardless of religion, ancestry, political affiliation, medical condition, marital status, sexual orientation, race, color, national origin, disability, or gender.
- You can ask for a fair hearing if you don't agree with a decision about your WIC eligibility.

Common courtesy and confidentiality

- WIC will treat you with courtesy and respect.
- WIC will keep private (confidential) all information you provide.

You will get:

WIC checks

- Checks to buy healthy foods for each participant. WIC does not give all the food or formula you need.

Nutrition and breastfeeding information

- Helpful tips for healthy eating and active living.
- Support and help with breastfeeding.

Referrals

- Help finding a doctor and immunizations for your child.
- Help finding other services that you may need.

Your Responsibilities

Buy WIC approved foods

- Use your checks at WIC approved grocery stores.
- Bring your WIC ID Folder to the grocery store.
- Buy only the foods listed on your checks.
- Use the foods only for the person on the program.
- Do not sell or trade your WIC checks or WIC food.

Go to one WIC office at a time

- Get checks from only one WIC office or agency at a time.
- Choose WIC or CSFP (Commodity Supplemental Food Program). A person cannot be on both programs at the same time.

Keep WIC appointments

- Come to your appointments or call ahead when you need to reschedule.
- Bring your WIC ID Folder to all WIC appointments.

Provide truthful and current information

- Report any changes in your income, family size, address, phone, or eligibility for Medi-Cal or CalWORKs.

Be courteous

- Treat WIC and grocery store staff with courtesy and respect.
- Do not physically harm or threaten to physically harm anyone in the WIC office or grocery store.

I understand my rights and responsibilities for the WIC Program:

- Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of religion, ancestry, political affiliation, medical condition, marital status, sexual orientation, race, color, national origin, age, disability, or sex.
- You may appeal any decision made by the local agency regarding your eligibility for the Program.
- The local agency will make health services and nutrition education available to you, and you are encouraged to participate in these services.

I have been advised of my rights and responsibilities under the WIC Program. I certify that the information and documents I have provided for my eligibility determination are true and correct, to the best of my knowledge and belief. This declaration form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me, my family, or my designated alternates, and may subject me to civil or criminal prosecution under State and Federal law.

Signature of participant/parent/caretaker (The copy you signed is kept by your WIC office.)

Date

Family/Individual ID

Your WIC check

Look at the numbers on this check:

1	2	3	4	
INDIVIDUAL NO.	PARTICIPANT / PARENT / GUARDIAN	FIRST DAY TO USE	LAST DAY TO USE	SERIAL NO.
434705811IP	IVETTE PARTICIPANT	NOV 10 06	DEC 10 06	012345678

1. Each family member's ID number will be here.

2. Your WIC Family name will be here.

3. This is the first day you can use this check.

4. This is the last day you can use this check.

5. This is the actual price of the food you buy with this check. The cashier fills in the dollar amount at the check stand before you sign the check.

6. After the cashier writes in the dollar amount, sign your name here while the cashier is watching.

7. How much to buy: UP TO:
2 GALLONS MILK, 2 DOZ EGGS (DOZENS ONLY) 2 LBS CHEESE

8. Kind to buy:
*MILK-COW, FLUID PASTEURIZED (GALLONS ONLY)
*CHEESE-CHEDDAR, JACK, AMERICAN, MOZZARELLA IN 0.75 LB (12 OZ) OR LARGER
*EGGS-AA WHITE, SM, MED, LG

9. Your WIC check shows the WIC logo in blue.

WIC AUTHORIZED VENDOR

WIC PROGRAM
State of California
VALID FOR WIC APPROVED FOOD ONLY.
VOID IF NOT DEPOSITED WITHIN 45 DAYS OF "FIRST DAY TO USE." NOT VALID IF ALTERED.

700-012345678

90-1342
1211

EXACT PURCHASE PRICE:

*MUST NOT EXCEED MAXIMUM ALLOWABLE DEPARTMENT REIMBURSEMENT RATE

AUTHORIZED SIGNATURE (SIGN AT PURCHASE)

0700 12113423 1234567890

8. These are the kinds of foods you can buy with this check.

7. This is how much food you can buy with this check. "Up to:" means you cannot go over the printed amount but you may choose to buy less.

Look for the WIC logo:



- Look for the colorful WIC logo to know where to shop.

Before you shop:

- Tear off the checks you will be using. If you get more than one month of checks, be sure to use the earliest month first.
- Bring your WIC ID Folder, WIC checks, and WIC Shopping Guide to the store.

While you shop:

- Look at the check(s) and the WIC Shopping Guide to pick the right kind of foods and package sizes.
- Separate your WIC foods from other foods you are buying.

At the check-out stand:

- Tell the cashier right away that you're using WIC checks.
- Show the cashier your WIC ID Folder.
- After the cashier writes in the dollar amount, sign your WIC checks while the cashier is watching.

Remember...

- Keep your WIC checks safe! Handle them like cash.
- WIC checks cannot be replaced if they are lost or stolen.

Frequently Asked Questions



What happens at WIC appointments?

At your first appointment and as needed, we check to see if you or your child is eligible for WIC.

We may ask:

- You to bring your infant or child to the WIC office.
- You to show us personal ID.
- For the medical form filled out by your doctor.
- For proof of your income.
- For proof of your address.

At WIC appointments you may join in a group or get one-on-one education from a WIC educator or nutritionist about:

- Staying healthy and being active.
- Cooking, recipes and shopping tips.
- Breastfeeding for a healthy baby.
- Resources for families.

What if I can't come to my WIC appointment?

With the exception of certification or recertification appointments, you can send your **alternate** or **proxy** to pick up your WIC checks.

Your alternate is a person you choose who can go to your WIC appointment, pick up your checks and shop for you.

- Tell your WIC staff the name(s) of your alternate(s) so they can keep your WIC record up to date.
- Teach your alternate(s) how to use your WIC checks and WIC ID Folder correctly.

Your alternate must:

- Show his/her picture ID at the WIC office.
- Have his/her signature on your WIC ID Folder.

A proxy is a person you choose who can pick up your checks one time only. A proxy cannot shop or go to your WIC appointment for you.

Your proxy must:

- Show his/her picture ID at the WIC office.
- Have a signed, dated note from you that gives him/her permission to pick up your checks.

What if I miss my WIC appointment?

Call your WIC agency to re schedule. The phone number is on the front of your WIC ID Folder.

What if I have problems at the grocery store?

Talk with the store manager. If you cannot resolve the problem, call or go to your WIC office with your store receipt.

What if I lose my checks?

Lost, stolen, or expired checks cannot be replaced.

What if I lose my WIC ID Folder?

- Call your WIC agency right away to report your lost ID Folder.
- Bring your picture ID to the WIC office to get a new WIC ID Folder.

What if I want to know more?

Call:

- Your WIC agency on the front of your WIC ID Folder
- State WIC Branch at 1-800-852-5770

Log on:

www.wicworks.ca.gov



How do I report fraud or program abuse?

Call:

State WIC Branch at 1-800-852-5770

What about discrimination complaints?

To file a complaint of discrimination based on religion, ancestry, political affiliation, medical condition, marital status, sexual orientation, write to:

California Department of Health Services, Office of Civil Rights,
MS 0009, 1615 Capitol Avenue,
Suite 73.720, P.O. Box 997413,
Sacramento, CA 95899-7413.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write:

USDA, Director, Office of Civil Rights,
1400 Independence Avenue, S.W.,
Washington, D.C. 20250-9410
or call (800) 795-3272 (voice) or
(202) 720-6382 (TTY).

USDA is an equal opportunity provider and employer.



Families Grow Healthy with WIC.

This institution is an equal opportunity provider.

Developed by the WIC Supplemental Nutrition Branch,
California Department of Health Services.

Arnold Schwarzenegger, Governor, State of California
Kimberly Belshé, Secretary, California Health and Human Services Agency
Sandra Shewry, Director, California Department of Health Services

Welcome to WIC—English (4/07)

